

William Terry

PLAINTIFF/PETITIONER/MOVANT'S NAME

K89959

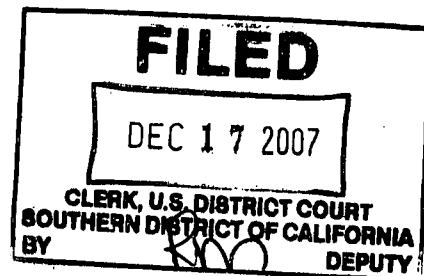
PRISON NUMBER

Cim Chino

PLACE OF CONFINEMENT

P.O. Box 600 Chino CA 91708-0600

ADDRESS



2254	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No	<input checked="" type="checkbox"/>
HFP MOTION FILED		
Yes	No	<input checked="" type="checkbox"/>
COPIES SENT TO		
Court	ProSe	<input checked="" type="checkbox"/>

**United States District Court
Southern District Of California**

Civil No. **'07 CV 2360 J POR**

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

William Terry

Plaintiff/Petitioner/Movant

v.

California Dept Corr, et, al

Defendant/Respondent

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, William Terry

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration Cim Chino CA. 91708-0600

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. I am developmentally disabled and unable to hold down a job or find gainful employment.

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. _____

4. Do you have any checking account(s)? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

- a. Make: _____ Year: _____ Model: _____
 b. Is it financed? ☐ Yes ☐ No
 c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. None

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

None

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): None

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. _____

The prison supports me.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

September 9, 2005

DATE

SIGNATURE OF APPLICANT

William Terry, K89959

PRISONER AUTHORIZATION

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statute to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.

CDC - K89959

William T...
Prisoner-Plaintiff (Signature)

CERTIFICATE OF AUTHORIZED OFFICER

I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$ 0 on account at the C.I.M. institution where Prisoner-Plaintiff is confined.

I further certify that during the past six months the applicant's average monthly balance was \$ 0. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 0.

A certified copy of the prisoner-plaintiff's trust account statement for the last six (6) months is attached.

11-21-07
Date

Randa Salomay
Authorized Officer of Institution (Signature)